



**RHODE ISLAND STATE POLICE**  
**PRESS PASS APPLICATION**

CARD #: \_\_\_\_\_

**PRINT OR TYPE (BLACK INK)**

NAME: \_\_\_\_\_

ALIAS/PROFESSIONAL NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

AFFILIATION/PLACE OF EMPLOYMENT: \_\_\_\_\_

SUPERIOR: \_\_\_\_\_  
NAME TELEPHONE

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_ SKIN TONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVERS LICENSE NUMBER AND STATE: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? \_\_\_\_\_

REGULARLY EMPLOYED GATHERING POLICE BEAT NEWS: \_\_\_\_\_  
YES NO

DESCRIPTION OF DUTIES: \_\_\_\_\_

IS THIS FULL TIME EMPLOYMENT? \_\_\_\_\_  
YES NO

IF NOT, BY WHOM? \_\_\_\_\_

**I HEREBY DECLARE THAT THE ABOVE FACTS ARE TRUE TO THE BEST OF MY KNOWLEDGE,**

SIGNATURE OF APPLICANT: \_\_\_\_\_  
DATE

SIGNATURE OF EMPLOYER OR SUPERIOR: \_\_\_\_\_  
DATE

***\*PRIOR TO ISSUANCE - EXPIRED PRESS PASS MUST BE RETURNED***

***\*IF STOLEN, LOST, OR DESTROYED, STATE POLICE C.I.U. SHOULD BE NOTIFIED IMMEDIATELY***

**RETURN TO: RHODE ISLAND STATE POLICE  
311 DANIELSON PIKE  
NORTH SCITUATE, RHODE ISLAND 02857**